

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740815 (6)

1. Corporation Name

TILFORD "R" CONDOMINIUM ASSOCIATION, INC.

900001474909

-05/04/95--01001--001

32760.00 **130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% TILFORD R-383 DEERFIELD BEACH FL 33442		% TILFORD R-383 DEERFIELD BEACH FL 33442	

3. Date Incorporated or Qualified 11/18/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1970227	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST, INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when constituting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSHNER, PAUL	12 NAME	<i>Rozella Borg</i>
STREET ADDRESS	TILFORD R 383	13 STREET ADDRESS	<i>386 Tilford R.</i>
CITY ST ZIP	DEERFIELD BCH FL	14 CITY ST ZIP	<i>Deerfield Beach Fla 33442</i>
TITLE	TD	21 TITLE	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWEN, SIDNEY	22 NAME	<i>Sam Bruchess</i>
STREET ADDRESS	TILFORD R 373	23 STREET ADDRESS	<i>384 Tilford R.</i>
CITY ST ZIP	DEERFIELD BCH FL	24 CITY ST ZIP	<i>Deerfield Beach, Fla 33442</i>
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL HANNAH	32 NAME	
STREET ADDRESS	TILFORD R 391	33 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BCH FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHATSKY, GERTURDE	42 NAME	
STREET ADDRESS	375 TILFORD R	43 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	44 CITY ST ZIP	
TITLE	DV	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORO, IRVING	52 NAME	
STREET ADDRESS	TILFORD R 388	53 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BCH FL	54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<i>STP 511</i>
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *PAUL KUSHNER Paul Kushner Feb 14, 1995 305-428-5235*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR